TERROR WITHIN AND WITHOUT

ATTACHMENT AND DISINTEGRATION: CLINICAL WORK ON THE EDGE

EDITED BY JUDY YELLIN AND ORIT BADOUK EPSTEIN

KARNAC

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CHAPTER FOUR

The place of fear in attachment theory and psychoanalysis: the fifteenth John Bowlby Memorial Lecture

Arietta Slade

Introduction

Today I will be talking about fear and its place in attachment theory and psychoanalysis. In the hierarchy of human motivations, Bowlby placed particular emphasis on attachment because it is essential to our physical and psychological survival. And he privileged fear of loss and danger because these elemental reactions drive and organise the activation and deactivation of the attachment system, regulate physical and psychological proximity seeking and contact maintenance, and shape the organisation of mental life.

At the time that Bowlby began formulating his theory of human attachment, psychoanalysis placed virtually no emphasis on the role of fear and the search for safety in the development of personality and psychopathology. This had much to do, of course, with Freud's particular interest in internal reality, and his relative lack of interest in relationships. Bowlby, by contrast, was greatly interested in actual experience, and believed that attending to the dynamics of fear and its regulation within the context of actual attachment relationships would fundamentally change psychoanalysis (1969, 1973, 1980, 1988). For Bowlby, an emphasis on fear and the search for safety offered a crucial corrective

to the theories of motivation, development, and psychopathology that prevailed in psychoanalysis at the time. For many years, however, this corrective fell on deaf ears within the analytic community, which actively rejected Bowlby and his ideas for several decades.

Things began to change dramatically in the early 1990s, however, when—thanks largely to the extraordinary work of Mary Ainsworth (Ainsworth, Blehar, Waters & Wall, 1978) and Mary Main (Main, 2000; Main, Kaplan & Cassidy, 1985)—contemporary psychoanalysis began to embrace the term "attachment" and to make it a central part of its lexicon. But as I hope to make clear today, I believe that—as much as psychoanalysis has become a relational theory—Bowlby's (as well as Ainsworth's and Main's) crucial emphasis on fear and its regulation remains largely unappreciated, even today. That is, as much as most clinicians—and especially those who work with traumatised patients—work with fear all the time, what is in fact a crucial paradigm shift has yet to substantially affect psychoanalytic and clinical theory. This despite the fact that speaking to the dynamics of fear and the search for safety provide us with direct, experience near ways of engaging many of our patients and understanding the particular nature of their internal worlds. And it provides them and us with a way of understanding not only how we come to be who we are, but why.

As I hope to make clear today, incorporating an attachment perspective into both theory and clinical practice goes well beyond acknowledging the centrality of early attachment relationships in the formation of character. To truly reflect the essential aspects of Bowlby's theory, and particularly his emphasis on the evolutionary value of both fear and attachment, contemporary psychoanalysis must address the dynamics of fear and its regulation, in development as well as in the clinical situation.

Thus, in line with the theme of this book, I will be writing about fear and its place in psychoanalysis. Or better put, I will be describing the ways that the relative lack of attention to the *driving, organising force of fear and the search for safety* has been problematic for psychoanalysis, and—by extension—for clinical practice. I will begin, of course, with Bowlby, and his views on the place of fear in human experience, and link this to the mother–infant relationship. I will then consider some of the reasons for the relative neglect of fear within psychoanalysis. Finally, I will discuss some of the clinical implications of assigning fear

and the search for safety the primacy they so rightly deserve in both clinical theory and practice.

Bowlby and the paradigm shift for psychoanalysis

Beginning in the 1950s, John Bowlby described the human animal in a way that was fundamentally different from prevailing, notably Freudian, views of human nature. Bowlby's thinking was rooted in biology and profoundly Darwinian, and revolved around the notion that we—like all species—are biologically programmed to enhance our chances of survival, and thus preserve the species, at all costs. His theory emphasised our biological heritage, and in this our essential tie to other animal species.

Like Freud, Bowlby believed that as human beings we share a number of essential features with each other. Also like Freud, he understood that the feature that is most essential to man as opposed to other higher mammals is the development of an elaborated mental life. But what distinguished Bowlby's work most dramatically from that of his psychoanalytic forebears, and even contemporaries, was his "commitment to applying the scientific method to a field steeped in dogma" (Richard Bowlby, personal communication, March 7, 2008). And for Bowlby, the science of evolution and Darwin's emphasis on survival most directly contradicted what he viewed as the dogma of classical psychoanalysis. For Bowlby, the drive to survive—not just physically, but psychologically—was key to understanding the organisation of mental life. To couch this in more contemporary terms—our biology, core elements of our neural make-up, our arousal systems, our cognitive apparati, our representations of self and other are organised, at least in part, by our instinct to survive. We survive by forming relationships, and adapting to the minds of others. Relationships are the remedy for fear—of loss, of annihilation, of psychic emptiness—and offer us the deepest expression of our humanity.

The fear system is evolutionarily selected because it is crucial to our safety, and to the activation and deactivation of the attachment system. Fear for his survival is what sends the child back to the safety of his caregiver, and regulates physical and psychological proximity. It also modifies his natural exploration of the world around him. Autonomous exploration is as crucial to our survival as is attachment, and indeed a healthy attachment relationship grounds exploration in a feeling of

safety, authenticity, and freedom. Unregulated or dysregulated fear, however, can distort exploration, and with it the development of a mental life.

I want to make clear that I am not just referring to extreme fear or trauma. The fear system is always primed, for crucial evolutionary reasons, and so some part of our brains is always "keeping an eye out". Fear and anxiety are part—hopefully a small part—of everyday life. When we feel threatened, our attachment system is activated, and when we achieve safety (via proximity), the attachment system is deactivated. However, it is uncontained or unregulated fear that leads to psychopathology and maladaptation. The secure child experiences fear within the context of knowing that his caregiver will provide comfort and safety. He knows that she will lessen his anxiety, quiet his fears, and help him feel safe and ready for his next adventure. But when the awareness of danger, most perniciously from the caregiver herself, persists even at low levels, the fear system is chronically elevated and dysregulated, and begins to infiltrate the child's experience, his sense of the other, his sense of his own body, and his sense of his autonomy. Higher levels of fear more directly inhibit exploration. In any event, regardless of the level of fear, the child is tied to the caregiver, because she is essential to his survival, even if she is threatening his very being.

To reiterate, I want to emphasise that for fear to serve its signal function, it must be kept at manageable levels, and regulated by the attachment figure. When fear is regulated within the context of the attachment relationship, exploration is satisfying and rich, and a full appreciation of the other is possible. When chronic fear, even at relatively low levels, is unmodulated, exploration and self-discovery are distorted, and the child feels helpless, angry, and more frightened. At the extreme, as described by Fonagy (Fonagy, Gergely, Jurist & Target, 2002), he feels unreal and alien, even to himself. It is these distortions that are reflected in the typologies of insecure attachment.

Bowlby suggested that we are left with a few basic ways of adapting to our fear of losing the other, and thus our self. The "patterns of attachment" that he sketched out in his writings—and that were later elaborated by Mary Ainsworth and even more fully, Mary Main—were simple and straightforward. These patterns were conceived as "rational" adaptations to the competing demands of survival and self-expression. The child who feels safe in knowing that his needs will be met is *secure*, while the child or adult who is in some small or large way frightened

for his safety and psychological survival is *insecure*. The avoidant individual chooses thin autonomy over intimacy, the preoccupied individual prefers fraught intimacy over autonomy, and the disorganised or unresolved individual finds safety in neither. These adaptations are finally, ultimately rational within the context of an individual's history in relationships—this is what he or she has had to do to survive.

Importantly, neuroscientists have in recent years focused a great deal of attention on the fear system. Contemporary interpreters of neuroscience such as Allan Schore (2003) and Daniel Siegel (1999) have made it abundantly clear that not only are the attachment and fear systems rooted in our biology, but their regulation affects our biology as well. The functioning of higher cortical systems—thinking, mentalisation, symbolisation, etc.—emerge as a function of the regulation of the sympathetic nervous system and the hypothalamic-pituitary-adrenal axis (HPA). The social environment, namely the relationship, plays a prominent role in such regulation, and in priming the part of the brain that processes emotions. Fear and its vicissitudes, whether at extreme or chronic, lower levels, preclude or distort learning and higher levels of synthetic, integrative functioning. In short, insecure attachments, particularly in their more pathological forms, reflect neural and hormonal adaptations to chronic stress and fear. And the healing power of new, more secure attachments cannot help but lead to changes at both physiological and psychological levels.

Mother and baby

In order to bring some of these concepts alive, I will now briefly describe an interaction between a young mother and her infant daughter. Charmaine was a participant in *Minding the Baby*, an intensive home visiting programme that provides mental health and nursing services to high risk young mothers and their babies, beginning in pregnancy (Slade et al., 2005; Slade, Sadler & Mayes, 2005). Charmaine had her baby at eighteen. She had a long history of trauma, including parental abandonment, foster placement, and sexual abuse. As part of our research, we saw Charmaine and her baby in a standard face-to-face interaction setting when the baby was four months old.

Charmaine was asked to interact with her daughter as she ordinarily would, but without toys or other objects; they were simply to engage with one another *en face*. Charmaine found this instruction very

difficult: her baby was just waking up from a nap, she was (we learned later) hungry, and Charmaine felt pressured to "perform" for the camera. What resulted was an alarming interaction in which Charmaine intruded upon Sophia's physical and visual space in an extremely aggressive way for nearly twenty minutes. She poked, she loomed, she slapped in a playful but rough way, and she mocked Sophia's distress. Charmaine smiled throughout, albeit a tight, forced smile, and indicated with her vocal prosody that she was "playing". But the baby's cues that she was distressed, overwhelmed, and frightened were overridden, again and again.

The baby looked stunned, and attempted in a variety of ways to regulate her mother's insistent and overwhelming approach. At moments she looked away and seemed almost dissociated, at others she looked actively frightened and blinked her eyes as if trying to blot her mother out, at others she fussed mildly, and at others she struggled to placate with a dazed half smile. Often all of these efforts were taking place at once. What was most striking was that she rarely fully broke gaze with her mother; she could not take the "alone" and integrative time so vital in any *en face* interaction (Brazelton & Cramer, 1990) because she could not risk letting her mother out of her sight. As a result, she had no opportunity to do what is natural and organising in social interaction: to turn away, regulate one's own internal experience and re-engage. Nor did she have the opportunity to shape the interaction, and in so doing to create and play. She was on full alert for what in baby terms is a very long time, and was both physiologically and psychologically highly stressed. There was little safety to be had, only continuing and fluctuating fear.

At four months, this child was stuck in the paradox Main and Hesse (1990) have so beautifully described in their work on the roots of disorganised attachment. She was afraid, but the impulse to seek comfort from the caregiver was thwarted because the caregiver is the *source of fear*. In this instance, what under more benign circumstances would automatically be a signal to the mother to comfort and reassure the child became a kind of invitation to continue the frightening interaction. Sophia's fear was unmetabolised and unmentalised by the mother. As Main and Hesse as well as Karlen Lyons-Ruth (Lyons-Ruth & Jacobvitz, 1999) have described, it is this paradox that is at the heart of disorganised attachment: organised strategies such as

either withdrawal or clinging are each too dangerous, and a *disorganised* strategy is the result.

Ten months later, after intensive home intervention, Sophia was observed in the Strange Situation. Based upon what we observed at four months, we would have predicted that Sophia would be disorganised in relation to attachment. But she was not. She was visibly upset by the separation, but upon her mother's return greeted her openly, and actively sought proximity and comfort from Charmaine, who picked her up and cuddled her close. Sophia's legs wrapped around her mother's torso, and she snuggled in against her neck, quickly calming down. After comforting Sophia very effectively, Charmaine engaged her in looking at a book. In this instance, intensive intervention activated the mother's capacity to mentalise and to respond sensitively to her baby. The baby was classified as secure at one year; she turned to her mother for comfort and safety when distressed, and her mother provided it, clearly and sensitively.

This is not to say that the coast is clear for this dyad. There are indications in the Strange Situation, but more prominently in the clinical material collected over the course of home visits that anger was a continuing problem in this family and in this child. While treatment activated the mother's feelings of connection and concern for the child, the preferred mode of interacting with her continued to be somewhat intrusive and overstimulating, and the mother's own traumatic history invaded the relationship in a variety of ways. The father had a lengthy history of violence, and only slowly began to be more nurturing and loving in interaction with his adored child. For Sophia, the residue of the anger that must have accumulated at being scared and unheard for so long inevitably found their expression in behaviour. She was prone to tantrums and anger, and favoured a kind of primitive identification with the aggressor. While her anger was not so powerful as to disrupt her attachment security, and was surely modulated by her parents' greatly improved capacity to comfort and nurture her, it did continue to affect her development.

These examples illustrate a fundamentally human situation: feeling threatened, and seeking care from one's caregiver. At four months, the child was faced with the paradox of her caregiver being the source of fear, fear that could not be resolved in the usual way, namely by obtaining comfort from her. At fourteen months, the child was readily able to

seek her comfort at a moment of high intensity affect, in this case fear and anger.

Fear and its place in psychoanalysis

For many decades, fear had no real place in psychoanalysis. Anxiety, yes, but in a totally different sense than that emphasised by Bowlby. The failure to recognise the central role of fear and its regulation had largely to do with Freud's early failure to recognise that his patients could feel (and actually be!) threatened or seduced by their caregivers (Freud & Breuer, 1895d). In these earliest days of psychoanalysis, he turned away from fear, fear of *real* danger, fear for one's safety, for one's very existence. In doing so, he failed to appreciate the dimensions and relevance of this essential human experience, the capacity for which is hard-wired in our brains, links us to all other mammalian species, and is essential to our survival. Instead he suggested that fear, or anxiety, emerged when impulses or fantasies threatened the integrity of the ego. While in his later work he linked anxiety to the loss of the mother's love, he for the most part—even after this shift in his thinking—saw the mother or libidinal object's central role as reducing unwanted excitation (Wachtel, 2008). Freud's brilliant vision of *man in conflict* utterly transformed Western thought, and gave rise to crucial insights about what it means to be human. However, his relative failure to emphasise the dynamics of fear and the search for safety as a *central and critical human conflict* was most unfortunate for psychoanalysis. In a number of crucial ways, Freud never fully appreciated that one of our primary aims, as living creatures, is to survive, and as highly evolved mammals, to seek relationships that will ensure our survival, on many levels. In this crucial way, he failed to integrate Darwin's fundamental premise into his thinking. It fell to Bowlby to do this. And even today, relational psychoanalysis lacks a dynamic, motivational theory.

This is not to say that Bowlby saw the "darker" sides of our essential nature as irrelevant to our survival as a species; indeed, he was well aware of their role in evolution, and of their importance in human experience. But he insisted that aggression, rage, sexuality, and the fantasies that accompany such experiences emerge against the backdrop and within the context of the attachment relationship. Aggression and sexuality are crucial to healthy development, to signalling our caregivers when we are dysregulated, to our autonomy, separateness, and

pleasure in exploration, and to our ability to find full satisfaction in our bodies and in our relationships. But within the context of disrupted attachment, the potential for distortion of these fundamental elements of our humanity is enormous.

Historical roots

Freud's failure to recognise the centrality of fear had deep personal roots. In fact, one could see this failure—at least in part—as a function of the dynamics of his own attachment organisation. In his compelling biography, *Freud: Darkness in the Midst of Vision*, Louis Breger (2000), argues that Freud's own early experience of trauma and loss deeply shaped the nature of his thinking and thus, the history of psychoanalysis. Before reading this book I had imagined Freud's childhood to have been one of relative and bourgeois comfort and ease, this version of Freud's life having been that widely promulgated by Freud and his biographers (see, for instance, Gay, 1988). Thus, I was very surprised by Breger's detailed description of an early life marked by numerous disruptions and traumas. Freud was the first of eight children born in ten years to his parents, Jacob and Amalia Freud. Jacob married Amalia, twenty years his junior, after having been widowed twice; tragically, he also lost his own father just before his first son, Sigmund, was born. Some eleven months after Sigmund's birth, another boy was born, only to die of an undisclosed illness a short six months later. It is hard to imagine that this was not a household filled with sadness and grief, its impact on Freud profound and pervasive. Anecdotal reports by extended family members suggest that his mother was quite depressed; in addition, the subsequent birth of six more siblings over the next eight years surely made it unlikely that she could remain emotionally available to her oldest child, as much as she treasured and favoured him. In fact, ongoing experiences of relative neglect must have been very confusing and infuriating for a boy who was in so many ways the "chosen one" among his siblings. On top of these very real challenges to his sense of safety and security, his mother periodically required rather long hospital stays for treatment of tuberculosis throughout his childhood. In addition, his beloved nanny was precipitously fired when he was three (Bowlby likewise lost his nanny at an early age).

Poverty was an ongoing fact of life for this family. Until Freud was four, the family lived in a one-room apartment in a small town. His

father (along with his mother) ran a wool business, but even in the best of times this was barely enough to keep the family solvent. When Freud was four, his father's business failed altogether, forcing the family to move into the Jewish ghetto in Vienna, closer to their extended family. From this point on, his father was unable to support his family with any consistency whatsoever; the result was a life of chronic poverty, living in extremely crowded conditions, without easy access to many of life's necessities. Freud did not have his own room until he was nineteen. The family was regularly rescued from financial ruin by extended family members, who helped out when times were especially dire. Well into his twenties, and even after his marriage, Freud was financially supported by mentors and benefactors.

Interestingly, this is not the story Freud himself told of his childhood, but these are the facts of his upbringing. Clearly, he was no stranger to trauma and loss, and fear must have been a familiar experience for him, at least at some level, throughout his childhood. Indeed, Breger makes the case that with Freud understandably scarred by his own early traumatic and relational experiences, his theory (and indeed personality) emerged in an attempt to defend against the impact of these early experiences. That is, his inability to metabolise or recognise the force and impact of his early traumas led him to focus on the *sequelae* of disrupted early experience, namely aggression, competitiveness, impulsiveness, destructiveness, and the like. Along these lines, Breger further suggests that many of the very real emotional and relational difficulties Freud struggled with throughout his life can be understood in light of these early disruptions.

Retrospective psychoanalysis is inherently problematic, but if we believe that the past shapes our mental life, how can Freud's early experience not be relevant to his vision of humanity? Freud's story is not so different from those we hear from the high-risk families that we see in our community intervention programmes. And yet Freud all but ignored what must have been the enormous disruptions he experienced in his primary attachment relationships, focusing instead on developments within the later, Oedipal period. But it is impossible to imagine that his Oedipal yearnings were anything but deeply affected by the ongoing experience of fear and anxiety *for his very survival*. It is likely, for instance, that, in the face of his mother's depression, grief, and wish to fill the void opened by the death of her infant, the young Freud experienced both fear of abandonment and the wish to control

the uncontrollable. That is, his "infantile neurosis", and particularly his relationships to authority, to sexuality, and to his own aggression, emerged against the backdrop of what was most likely an insecure attachment organisation.

For generations, psychoanalytic historians have described Freud's theory as shaped by the history and culture of the Victorian age. But what struck me so powerfully learning of Freud's early history was how much his theory was shaped by his own personal history, a personal history that has been largely ignored or glossed over in prior biographical accounts. Breger suggests that in a number of ways Freud emphasised the centrality of sexual and aggressive urges in the development of the personality because these aspects of his functioning were enormously compromised and distorted by his attempt to regulate his own fears. Freud certainly struggled greatly with his aggression, as well as with his sexuality. And it seems highly likely that these driving preoccupations were at least in part symptoms of the impact of fear, early loss, deprivation, and trauma on his earliest relationships. I mean neither to be reductionistic, nor to suggest that this is *the* rather than one way to understand some of the personal roots of his theory. But it seems fairly clear that his earliest experiences shaped the history of psychoanalysis in crucial ways, ways that have been largely unappreciated and unrecognised. Bowlby, however, got it.

Fear, safety, and clinical process

When I first learned about attachment theory, I felt as if I was coming home.

While I had actually administered the Strange Situation when I first met Mary Ainsworth in December of 1981, I actually knew little about Bowlby or attachment theory. When I heard Ainsworth talk about the Strange Situation, however, I immediately understood that Ainsworth's (and of course Bowlby's) definition of anxiety was very different from the one I had learned in my training. Listening to her, asking questions, etc., I slowly got it. She was talking about real fear. Insecure babies were afraid of something real; they were afraid that their attachment needs would go unacknowledged and unknown, leaving them vulnerable to psychic threat, potential disorganisation, and annihilation. Maladaptive strategies of maintaining felt security—including anger, , and distorted sexuality—were aimed at warding off this threat and at managing this

real fear. What Ainsworth was vividly describing was very different from more psychoanalytic notions of anxiety, anxiety about *internal* experience rather than *external* reality, anxiety about separateness, differentiation, and—more classically—unbridled aggression or libido, rather than about actual abandonment and loss. Everything Ainsworth described also clicked with what had so fascinated me about the new views of infancy offered by Stern, Mahler, and Pine.

When I had the great fortune of attending Mary Main's first Adult Attachment Interview (AAI) training programme four years later, I got it even more clearly. In her categorisation of insecure patterns of language and thought, Main was describing dynamic attempts to regulate fear in the attachment relationship and to establish some, albeit compromised, feeling of safety and connection. The search for safety and the management of fear were manifest in the very structures of thinking and of affect regulation. These ideas were entirely consistent with my clinical work. It seemed natural to me to listen for fear, and to see psychological experience as organised around the fear and anxiety that follow real disruptions, defences against hope, against longing for closeness and connection.

My understanding of fear had a great deal to do with the role fear and the search for safety had played in my own childhood. When I found my way to attachment theory, I realised that the anxiety Ainsworth and Main were talking about was the anxiety I had known. And when I took the AAI, I began to deeply understand how my *actual experience and my coming to grips with fear in my primary relationships* had made me who I was. The fear and anxiety with which I struggled, and that disrupted my relationships now made sense in terms of the repeated abandonments in my earliest months and years. My understanding of *why* was suddenly different, and I began to see these adaptations—troubling as they were—as rational. How else would I have survived? I found in the elegant simplicity of attachment theory a way of understanding how my actual experience and my coming to grips with fear in my primary relationships had made me who I was. It was liberating, for it both changed the way I understood myself, and allowed me to have a new level of compassion for my choices and adaptations. While my experience in analysis up to that point had offered me the solace of deep concern, steady consistency, and the willingness to connect, I now found a way of making sense of what I had experienced in a way that had

eluded my first, deeply well-meaning but classically trained analyst, largely because of the tilt of her own training and analytic experience. Ironically, she had herself escaped the Nazis as a young university student and had undoubtedly suffered staggering trauma, fear, and loss in her own life. My second analyst understood my fear in a way that made all the difference.

While my own life experience certainly sensitised me to fear and the search for safety, I want to reiterate what I stated earlier, namely that the experience of fear and the search for safety and comfort in relationships are core *human* experiences. They are not simply the realm of the traumatised. The search for safety is what *drives* us, and what serves as a primary motivation for the formation of our earliest relationships. This was Bowlby's brilliant, transforming, profoundly humane insight: *we ALL do what we must* to maintain our primary relationships because without them we will not survive, physically *or* psychologically. In short, "better safe than dead".

The clinical situation

I want now to deal more specifically with the clinical situation. I want first to suggest that, as much as contemporary psychoanalysis has embraced Bowlby's emphasis on attachment, we have yet to fully appreciate the relevance of his ideas about fear and its evolutionary significance for clinical work.

As an example, so many clinicians use the term attachment and find the notion of attachment classification compelling and clinically relevant. But few, I think, fully appreciate the fact that attachment classifications are not monolithic, impermeable psychic structures. Rather, attachment organisations reflect dynamic efforts to regulate fear and anxiety. And it is these dynamics rather than the categories themselves that deserve our clinical attention. In point of fact, the categories themselves can quite often be fluid in the clinical context. But what is particularly radical about Main's work is the implication that chronic experiences of fear—be they the result of trauma or more subtle distortions of the attachment system—are internalised and transformed in ways that profoundly alter the very organisation of mental life. *Recognising and regulating these fears and their sequelae are the focus of our clinical work.* Understanding, containing, and hopefully transforming the dynamic functioning of the fear system—a system, by the way, that

has become a major focus of modern day neuroscience—is at the heart of what we do.

Working within the framework of attachment theory means recognising, feeling, and eventually putting into words the *driving, organising force of fear and the search for safety*. And it means recognising the role of fear and the search for safety in the therapeutic relationship. I think that while we all *understand* these phenomena, we have not fully developed a language for them. Our imagination is limited by old constructs that live on in ways outside of our consciousness.

Paradigms shape our theories and *what we see and hear* in profound ways. Paradigm shifts lead us to see what has always been there in different ways, and to shed light on that which has always been there but has not been fully understood or integrated. An adjustment in our understanding of causality, reversing figure for ground, profoundly changes how we understand the organisation of psychological experience.

The relative failure at a theoretical level to privilege certain types of experiences means that neither we nor our patients can privilege them, either. Privileging fear and the search for safety profoundly changes how we both notice and talk about these experiences with our patients. It also enhances our compassion for our patients and their efforts to survive, compassion that we sorely need when their ways of being in the world and in relation to us are most frustrating, paralysing, and disorganising. In this sense, privileging fear changes the nature of the therapeutic relationship in crucial ways.

In our work with patients, we are trying to recognise and then mentalise the dynamic ways that they regulate fear and the search for safety in their primary relationships. We are trying to imagine the moments in which these dynamic patterns began to take shape—moments of balancing the need for safety with the desire for full autonomy and unfettered connectedness—and we are experiencing these moments in the transference and countertransference, in our brains, in our bodies, and in our minds. Our experience of these dynamic patterns and our imagining their childhood roots allows us to bring them alive in the treatment so the patient can see them, feel them, and *play* with them. The more we appreciate the many ways our patients—like their mammalian forebears—are moving towards and away from the other in their search for security and love, the more we will succeed in finding metaphors and language that capture these core human experiences. Finding dynamic and mutative metaphors is key to the transformation of

internal structures, and to helping our patients imagine and then begin to create new and more fulfilling relationships.

As I mentioned earlier, this perspective is entirely consistent with current neuroscience as well as mentalisation theory. Change in psychotherapy does not take place only at the cortical level. In fact, it is likely that changes take place first in the portions of the brain that regulate arousal (i.e., fear), which then pave the way towards higher order change and reorganisation. Many therapists certainly recognise this, and as a result pay close attention to the pre—or non-verbal as well as bodily aspects of the therapeutic relationship (Ogden, Minton & Pain, 2006; Van der Kolk, 2006). In any event, the utility of symbolic language in the clinical setting will depend upon at least some degree of basic physiological regulation and organisation. And it is the therapeutic relationship that is crucial to the development of neural structures that are the bedrock upon which higher order representations emerge.

I would like to close with two brief clinical vignettes, which while insufficient to fully convey what it means to fully respect fear in the clinical situation, are offered as brief illustrations of my thinking.

Barb came to me three years ago, when she discovered that her husband of eighteen years had a secret life with another woman. It quickly became clear that he was deeply entrenched in this other life, and that he would go to great lengths, including extraordinary levels of deception and manipulation, to maintain it. And yet for two years, Barb was again and again seduced by his lies, unable to imagine or believe that she and their children were being so completely cast aside. What was particularly vexing—both to me and often to Barb—was that despite the fact that he was in every way dangerous to her and to their children, she could not reliably maintain any safe distance from him. She would take him back, again and again, wanting to believe that he had either the capacity or the desire to love and care for her. As I said to her when she was berating herself for having—once again—fallen for his lies, "You are so terrified of what's ahead of you that you want to believe he can take care of you. Even though it's as if you and your sons are covered in blood and the knife is in his hand, you can't believe you'll survive on your own". There was silence, then acknowledgment. "No, I really can't".

Barb believed that letting go of her husband—whose own psychopathology was such that he had to obliterate her very emotional core—would lead to her psychic annihilation. My job was to clarify where

she was safe and where she was in grave danger. And where she could actually feel safe and free, and where she would surely cease to exist. It was also to redirect her rage, away from herself and towards its actual object: her husband.

Barb was a woman whose fear could easily be missed. She had a tough, no nonsense Midwestern demeanour, and she could be sharp and cutting with her sons and her husband. She could be intensely self-critical. Barb's father was a hateful, bitter, man. He had been terribly wounded in WWII, and lived in chronic, unrelenting pain. He worked the night shift and slept all day, and raged whenever his sleep was disturbed by his family's normal activities. His wife and children lived in terror of his outbursts, their arousal systems perpetually engaged in anticipation of danger. And they lived with his need to derogate and humiliate. For Barb, this was closeness, this was a relationship. The alternative was nothingness; she could not imagine it, her mother could not imagine it, and together the failure of imagination rooted them in terror. It was this dynamic that was repeated again and again in her relationship to her husband.

One way to understand Barb was to see her as identified with the aggressor. But because I saw Barb as dismissing of attachment, and her edgy, flinty, and sometimes harsh demeanour as defensive, as protecting her against fear of her father's rage, of utter solitude, and of her longings for closeness, I did not take on her aggression, per se. I went behind it, to her fear. This is not to say that we did not often talk about why she could be harsh and avoidant; it is to say that we understood this as a manifestation of her fear. As we understood this, she began to be able to acknowledge and express her anger at her husband in appropriate ways, and to establish crucial distance from him. And she became much more affectionate and close to her sons.

A somewhat different example is provided by Cynthia, who came to see me when her relationship with her adolescent daughter became unbearable and unmanageable. Cynthia was referred by her daughter's therapist after he became aware of the pernicious effects of her rage on her child. In my first session with Cynthia, I felt very much the way I imagine the infant I described earlier felt when her mother kept invading her space. While Cynthia was on the surface very proper and agreeable, she flooded me with the story of her own early and deeply scarring childhood, full of abuse, violence, alcohol, and mental illness. She is the sole psychological survivor amongst all her siblings. And yet,

this humiliated, abused child had become a humiliating and rageful parent.

Over the course of our work together, Cynthia began to appreciate—in ways that were so reminiscent of Selma Fraiberg's "Ghosts in the Nursery" paper (1980)—that the fear she was eliciting in her daughter was the fear that she herself had known. Her assaults were often triggered by her perception that her daughter was doing something to humiliate her, which justified her being punitive and unyielding. In an effort to override her own feelings of helplessness and fear, she became frightening. When we began our work together, her own fear was dissociated, discovered only through her identification with her daughter's. As the psychic reality of her early experience took hold, and particularly the reality of the degree to which both her parents had assaulted her with words and actions, she began to see her daughter as separate, and frightened. Only then could she protect her child, and have compassion for her own powerful defences and longings.

I would like to conclude by saying that I think that virtually all therapists working today are deeply aware of the pernicious effects of fear and anxiety on their patients' experience of themselves and their relationships. And most, if not all, are well aware of the impact of early attachment experiences on the development of the personality. And yet it is my impression that at this point in time, the essential teachings of contemporary attachment theory, namely that fear and its regulation plays a central role in the organisation of psychic structure, in the organisation of one's sense of self, and in the organisation of the relational world, have yet to be fully understood and incorporated into modern relational psychoanalysis.

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